

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	12/9/00
FORMALITY REVIEW		6,7503	2-21-01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	8-2-03
2	6-3-03
3	✓
4	J
5	0
6	0
7	✓
8	✓
9	✓
10	0
11	0
12	J
13	J
14	J
15	✓
16	✓
17	✓
18	J
19	0
20	0
21	J
22	J
23	J
24	0
25	J
26	J
27	J
28	✓
29	J
30	J
31	J
32	0
33	0
34	✓
35	J
36	J
37	0
38	0
39	J
40	J
41	J
42	J
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here